

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																									
1 Date of Request: <u>7/11/05</u>		2 Serial/Patent # <u>10/518149</u>																																																							
3 Please refund the following fee(s): <table style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10px;"><input checked="" type="checkbox"/></td><td style="width: 80%;">Filing</td><td style="width: 10%;">4 PAPER NUMBER</td><td style="width: 10%;">5 DATE FILED</td><td style="width: 10%;">6 AMOUNT</td></tr> <tr><td><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	<input type="checkbox"/>	Amendment			\$	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10px;"></td> <td style="width: 80%;">12/17/04</td> <td style="width: 10%;">\$</td> <td style="width: 10%;">100 ⁰⁰</td> </tr> </table>				12/17/04	\$	100 ⁰⁰
<input checked="" type="checkbox"/>	Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT																																																					
<input type="checkbox"/>	Amendment			\$																																																					
<input type="checkbox"/>	Extension of Time			\$																																																					
<input type="checkbox"/>	Notice of Appeal/Appeal			\$																																																					
<input type="checkbox"/>	Petition			\$																																																					
<input type="checkbox"/>	Issue			\$																																																					
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$																																																					
<input type="checkbox"/>	Maintenance			\$																																																					
<input type="checkbox"/>	Assignment			\$																																																					
<input type="checkbox"/>	Other			\$																																																					
	12/17/04	\$	100 ⁰⁰																																																						
10 REASON: <table style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10px;"><input checked="" type="checkbox"/></td><td style="width: 80%;">Overpayment</td><td style="width: 10%;">9</td><td style="width: 10%;">Credit Deposit A/C #:</td></tr> <tr><td><input type="checkbox"/></td><td>Duplicate Payment</td><td></td><td></td></tr> <tr><td><input type="checkbox"/></td><td>No Fee Due (Explanation):</td><td></td><td></td></tr> </table>		<input checked="" type="checkbox"/>	Overpayment	9	Credit Deposit A/C #:	<input type="checkbox"/>	Duplicate Payment			<input type="checkbox"/>	No Fee Due (Explanation):			7 TOTAL AMOUNT OF REFUND \$ 8 TO BE REFUNDED BY: <input checked="" type="checkbox"/> Treasury Check Credit Deposit A/C #: <table style="display: inline-table; border: 1px solid black; text-align: center; width: 100px;"> <tr> <td style="width: 20px;">9</td> <td style="width: 20px;">1</td> <td style="width: 20px;">1</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">1</td> <td style="width: 20px;">1</td> </tr> </table>		9	1	1	--	1	1	1																																			
<input checked="" type="checkbox"/>	Overpayment	9	Credit Deposit A/C #:																																																						
<input type="checkbox"/>	Duplicate Payment																																																								
<input type="checkbox"/>	No Fee Due (Explanation):																																																								
9	1	1	--	1	1	1																																																			
11 REFUND REQUESTED BY: <u>C BURT</u> TYPED/PRINTED NAME: <u>Charles H. Burt</u> TITLE: <u>Paralegal</u> SIGNATURE: <u>Charles H. Burt</u> PHONE: <u>308-91401207</u> OFFICE: <u>PCT</u>																																																									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____																																																									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: